

SECTION A
APPLICANT'S DETAILS

Title	<input type="text"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> (✓ box)	Mobile no.	<input type="text"/>
Forename	<input type="text"/>		Home no.	<input type="text"/>
Middle name	<input type="text"/>			
Surname	<input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Home address	<input type="text"/>			
	<input type="text"/>	Postcode	<input type="text"/>	
Term address	<input type="text"/>			
	<input type="text"/>	Postcode	<input type="text"/>	
Which address would you like membership correspondence sent?	Home <input type="checkbox"/>	Term <input type="checkbox"/>		
Which address would you like us to send Optometry Today?	Home <input type="checkbox"/>	Term <input type="checkbox"/>	Opt out <input type="checkbox"/>	
Home email	<input type="text"/>			
Term email	<input type="text"/>			
Which email address would you like us to use for contacting you?	Home <input type="checkbox"/>	Term <input type="checkbox"/>	Opt out <input type="checkbox"/>	

Ethnicity

White Mixed/multiple ethnicity Asian/Asian British Black/African/Caribbean/Black British Prefer not to say
 Other ethnic group

Education

University attending
 Please specify your year of study 1st 2nd 3rd 4th Pre-registration DO conversion course student

SECTION B
DATA PROTECTION

The data collected will only be used to maintain membership records and, in accordance with the Association of Optometrists' Membership Byelaws, we will only send members information relevant to them on membership, professional practice, products and services. Personal details will be held on computerised and paper-based systems. We may on occasions allow approved third parties to contact you with relevant professional information or details of useful products or services.

Third parties

Tick the relevant boxes to allow the AOP to pass your details on to approved third parties:

Post Phone Do not share

You may share my contact details with local optometric representative organisations, e.g. my LOC/AOC/ROC, to allow them to contact me about professional matters: Yes No

SECTION C
DISPENSING OPTICIAN

Please read and tick if you are qualified dispensing optician on a recognised UK course leading to a degree in optometry. Any work you undertake as a dispensing optician is excluded from your student membership, if you require medical malpractice insurance as part of your cover you must join as a dispensing optician member at www.aop.org.uk/join

By ticking this box you agree with the statement above

DO GOC no. Date of GOC registration

Issues to declare

It is a requirement of applicants for membership of the Association that they declare, at the time of application, any existing or known potential issues which might require AOP assistance. Such issues will automatically be excluded from the benefits of membership unless specifically advised otherwise.

The existence of such an issue does not mean that membership would be refused. If in the future it becomes clear that a member was aware of such an issue at the time of application for membership and did not declare it, then the member's insurance cover may be invalid. The AOP will in such circumstances exercise its discretion as to existing and future cover and membership.

I have nothing to declare

I have something to declare (Please complete the below declaration section)

Signature

To the Board of Directors of the Association of Optometrists

I hereby apply for admission to membership of the Association and agree to abide by its Membership Byelaws and Articles and rules made hereunder. I have given details in writing below if there are any:

- Outstanding or potential claims against me or complaints about me
- Employment issues or complaints involving me
- Outstanding or potential claims or complaints against any of my practices (if I am a practice owner or director)

Signed

Date

Full terms and conditions of membership are available at www.aop.org.uk/terms-and-conditions

Declaration – further details

I wish to declare the following issue:

- To the best of my knowledge and belief, there are no other outstanding or potential claims against me or complaints about me. If I am a practice owner or director, I declare that there are no further outstanding or potential claims against any of my practices. In relation to employment matters, I declare that I am unaware of any other current issues that involve me. I am in sympathy with the aims and objectives of the Association.

Please use additional sheets if required